



PTO/SB/21 (09-04) *DF*

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/648,138
Filing Date	August 25, 2003
First Named Inventor	CRESS, JONATHAN H.
Art Unit	3761
Examiner Name	HILL, LAURA C
Attorney Docket Number	012993-000600US
Total Number of Pages in This Submission	3

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard		
<table><tr><td>Remarks</td><td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td></tr></table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature	<i>[Signature]</i>		
Printed name	James M. Heslin		
Date	September 29, 2005	Reg. No.	29,541

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	<i>[Signature]</i>		
Typed or printed name	JoAnn Evangelista	Date	September 29, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT

Attorney Docket No.: 012993-000600US

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450 On September 29, 2005

TOWNSEND and TOWNSEND and CREW LLP

By:

JoAnn Evangelista



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

JONATHAN CRESS

Application No.: 10/648,138

Filed: August 25, 2003

For: ASEPTIC EYEDROPPER AND  
METHOD FOR ITS USE

Customer No.: 20350

Confirmation No. 3240

Examiner: HILL, LAURA C

Technology Center/Art Unit: 3761

**RESPONSE TO RESTRICTION  
REQUIREMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed September 14, 2005, Applicant elects Group II (claims 7 -10) without traverse.

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 650-326-2400.

Respectfully submitted,

James M. Heslin  
Reg. No. 29,541

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